

Parent Questionnaire

STUDENT FOCUS TEAM

Date: _____

Student: _____

Referring Parent: _____

1. What do you see as your child's strengths?
2. What makes you proud of him/her?
3. What does your child do that causes you the most concern?
4. What has been the most successful way to deal with your child's identified behavior of concern?
5. In the past year, has your child been seen by a doctor for anything other than a common childhood illness? _____ If yes, what caused you to take your child to the doctor?
6. Has your child been seen by a professional for any physical or emotional problem that interfered with his or her success in school?

Any other information you think pertinent, please write on below the table.

~ Let us put our minds together and see what life we can make for our children. ~

Please use this rating scale for questions 1-22.

My child...

	Always (5)	Usually (4)	Sometimes (3)	Seldom (2)	Never (1)
1. finishes what he/she begins					
2. does the things I ask him/her to do					
3. is happy					
4. gets along with his/her friends					
5. takes good care of his/her things					
6. helps at home					
7. makes me proud					
8. obeys					
9. shares					
10. cries easily					
11. talks back					
12. hits					
13. lies					
14. is afraid					
15. must be reminded to do things					
16. gets hurt often					
17. feels sick often					
18. fights					
19. ruins things					
20. teases others frequently					
21. is trustworthy					
22. is consistent and predictable					

Any other information you think pertinent, please write on below the table.